
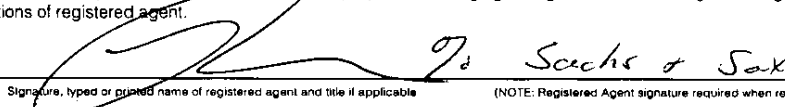
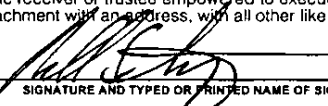


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90062 001 \*\*\*183.75

<b>DOCUMENT # N03000001046</b> 1. Entity Name <b>BUENA VIDA EAST HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>			Mailing Address <b>4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>		
2. Principal Place of Business - No P.O. Box # <b>1901 VIA BUENA VIDA</b> Suite, Apt. #, etc.		3. Mailing Address <b>1901 VIA BUENA VIDA</b> Suite, Apt. #, etc.			
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>		4. FEI Number <b>42-1589604</b>	
Zip <b>33411</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POSIN, HARRY L 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 33073-3450</b>				7. Name and Address of New Registered Agent Name <b>LOUIS CAPLAN, C/O SACHS &amp; SAX</b> Street Address (P.O. Box Number is Not Acceptable)  <b>301 YAMATO ROAD, SUITE 4150</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>5/15/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEER, T.R. 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NISSENBAUM, GINNY 1909 VIA BELLEZZA EAST WELLINGTON, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STEELMAN, MICHELLE 4400 W. SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWEITZER, BOB 8913 VIA GRANDE EAST WELLINGTON, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODGERS, FRANK 4400 WEST SAMPLE ROAD STE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAUTENBACH, BUD 8865 VIA GRANDE EAST WELLINGTON, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEITZER, BOB 8913 VIA GRANDE E WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>5/13/07</b> <b>561-791-7884</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**66015702**

04132007 Chg-NP CR2E037 (12/06)